Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public

Inspection

Form **990-EZ** (2012)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

$\overline{\mathbf{A}}$	For the	2012 calenda	ar year, or tax year beginning 01/01 , 2012, and er	nding	•	12/31	, 20 12	
В	Check if ap	pplicable:	C Name of organization		D Emplo	yer ide	entification number	
	Address c	change OFM Research				57-1222227		
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele				none nu	ımber	
=	Initial retur			42	5-880-4418			
$\overline{}$	Terminate Amended		F Grou	p Exer	nption			
=		on pending	Num	ber 🕨	•			
		ting Method:	Check ▶	· V it	f the organization is not			
1	Websit	te:► www	.ofm-research.org	_			ach Schedule B	
JI	Гах-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 5		(Form 99	90, 990)-EZ, or 990-PF).	
K	Check ▶	▶ ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section 527 organization	ganizatio	n and its	gross	receipts are normally	
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post			-		
1	the orga	anization choc	oses to file a return, be sure to file a complete return.					
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets	(Part II,			
li	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	128,122	
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	ee the	instruc	tions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in this	Part I				
	1	Contributio	ons, gifts, grants, and similar amounts received			1	128,122	
	2	Program s	ervice revenue including government fees and contracts		[2	0	
	3	Membersh	ip dues and assessments		[3	0	
	4	Investment	t income		[4	0	
	5a	Gross amo	ount from sale of assets other than inventory 5a		0			
	b	Less: cost	or other basis and sales expenses		0			
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6	Gaming an	nd fundraising events					
ē	а		ome from gaming (attach Schedule G if greater than		0			
Revenue	b	•	ome from fundraising events (not including \$ 0 of contr	ribution				
ě			aising events reported on line 1) (attach Schedule G if the	ibation				
ш			ch gross income and contributions exceeds \$15,000) 6b		ام			
	С		et expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and sub	otract			
	-	line 6c) .				6d	0	
	7a	Gross sale	s of inventory, less returns and allowances 7a		o			
	b		of goods sold		0			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0	
	8		nue (describe in Schedule O)			8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	128,122	
	10		similar amounts paid (list in Schedule O)			10	0	
	11	Benefits pa	aid to or for members			11	0	
Se	12	Salaries, o	ther compensation, and employee benefits		[12	98,416	
Expenses	13	Profession	al fees and other payments to independent contractors		[13	31,000	
g	. 14	Occupancy	y, rent, utilities, and maintenance			14	0	
û	15		ublications, postage, and shipping			15	0	
	16		enses (describe in Schedule O) See Schedule O, Statement 2			16	6,902	
	17	Total expe	enses. Add lines 10 through 16		. ▶	17	136,318	
တ္	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		[18	-8,196	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (mus	_				
		-	ar figure reported on prior year's return)		-	19	18,194	
	20		nges in net assets or fund balances (explain in Schedule O)			20	0	
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	9 998	

Form 990-EZ (2012) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 18,194 22 22 Cash, savings, and investments 9.998 23 Land and buildings 0 23 0 Other assets (describe in Schedule O) __. 24 0 24 0 18,194 25 25 Total assets 9.998 Total liabilities (describe in Schedule O) _ 0 26 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 18,194 27 9.998 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. Geological & Earth Sciences Research Programs: Conducted scientific research under grants EAR-0948734 and EAR-1119297 sponsored by the National Science Foundation. The outcomes resulted in scientific (Continued on Schedule O, Statement 4) (Grants \$ 128,122) If this amount includes foreign grants, check here 28a 0 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here (Grants \$ 31a 0 0 List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation 40 Mark S Ghiorso 98,416 0 0 Vice President 0 Lisa S Hardy 0 0 0 **Director** 0 Peter C Lichtner 0 0 0 **Director** Richard O Sack 0 O 0 **President Denton S Ebel** 0 n n Director

Form 990-EZ (2012)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4955 ► 0 ; section 4912 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► WA 41 **42a** The organization's books are in care of ▶ Mark Ghiorso Telephone no. ▶ 206-550-1850 Located at ► 7336 24th Ave NE, Seattle, WA 98115-5810 ZIP + 4 ▶ 98115-5810 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 990)-EZ (20	112)							P	age -
									Yes	No
		ne organization engage, directly or in nodidates for public office? If "Yes," co								~
Part V		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51		stions 47–49b an	d 52, and	l comple	te the	tables fo	or line	es
		So and 51 Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI .				
		<u> </u>	'	,					Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during	g the t	ax 47		~
		organization a school as described in						48		1
		ne organization make any transfers to	-	•						~
50	Comp	s," was the related organization a se- plete this table for the organization's pyees) who each received more than	five highest compen	sated employees (other than	officers,	directo	ors, truste		d key
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribut benefit p	ealth benefi ions to emp ans, and de mpensation	ts, ployee eferred	(e) Estimate other com	d amou	
None										
51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ and address of each independent contractor pain	s five highest compenization. If there is no	ensated independe		tors who		received		thar
None				()))				<u> </u>		
52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	? Note : All section 5	01(c)(3) organizatio	. ► ns and 49	. , . ,	•	► ☑ Yes		lo
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					f my kno	owledge and	belief,	it is
Sign		Signature of officer			Date					
Here		Mark S Ghiorso, Vice President Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		eck -employe	if PTIN		
Prepa Use C		Firm's name	1			Firm's EIN		-		
		Firm's address ▶				Phone no.				
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions			🕨	►		lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012 Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization					1	Employer i	dentification	n number		
OFM Research							57-1222227			
Part I Reason for Public C	Charity Status (All orga	anizations	must c	omplete	this pa	rt.) See i	instructio	ns.		
The organization is not a private found in the convention of characteristic in the convention of characteristic in the convention of characteristic in the convention in the c	nurches, or association of tion 170(b)(1)(A)(ii). (Attace hospital service organiza zation operated in conjun	churches ch Schedu ation desc	describe le E.) ribed in s	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		(iii). Ente	er the	
hospital's name, city, and s Man organization operated section 170(b)(1)(A)(iv). (Control of the control of th	for the benefit of a colle	ge or univ	versity ov	wned or	operated	I by a go	vernment	al unit c	lescril	oed in
6 ☐ A federal, state, or local go 7 ☑ An organization that norm described in section 170(the	overnment or government ally receives a substantia	al part of i					nit or fron	n the ge	neral	public
 A community trust describ An organization that norm receipts from activities rel support from gross investacquired by the organization 	ally receives: (1) more that ated to its exempt funct tment income and unre	an 33¹/₃% tions−sub lated bus	of its su eject to d iness tax	upport fro certain ex xable inc	come (les	s, and (2) ss sectio) no more	than 3	31/3%	of its
 10 An organization organized 11 An organization organized purposes of one or more 509(a)(3). Check the box the 	d and operated exclusive publicly supported organical	ely for the	e benefit described	t of, to p	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	-	
 a Type I b T e By checking this box, I cele other than foundation mare or section 509(a)(2). f If the organization received organization, check this box 	tify that the organization agers and other than on ed a written determination	is not cor e or more on from t	ntrolled d publicly he IRS t	lirectly or supportents	indirectled organ	y by one izations o	described	disqualif in secti	ied pe on 50	ersons 9(a)(1)
g Since August 17, 2006, had following persons?							· · ·		•	· ⊔
(i) A person who directly(iii) below, the governin(ii) A family member of a p	g body of the supported	organizati	on?					nd 11g(i 11g(i	_	No
(iii) A 35% controlled entity h Provide the following inform	of a person described ir	า (i) or (ii) a	bove? .					11g(ii		
(i) Name of supported organization (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		ted in your	the organ col. (i)	rou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the .S.?	(vii) Amou	nt of mu	onetary
		Yes	No	Yes	No	Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 90,841 101,172 135,523 135,038 128,122 590,696 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 4 90.841 101,172 135,523 135,038 128,122 590,696 5 The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 **Public support.** Subtract line 5 from line 4. 590,696 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 90,841 128,122 101,172 135,523 135,038 590.696 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 O 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 0 0 0 **Total support.** Add lines 7 through 10 11 590,696 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 100 % Public support percentage from 2011 Schedule A, Part II, line 14 15 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

C +:	and Dublic Comment	andor the to	oto notou bon	ow, pioaco oc	ompioto i ait	,	
	on A. Public Support	() 0000	4 > 0000	() 0040	4 13 0044	() 0040	(A T
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)						
13	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	L n's first, secon	Ld. fourth	L L or fifth tax v	l ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•					. , . ,
Secti	on C. Computation of Public Suppor						<u></u>
15	Public support percentage for 2012 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2011 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2011						%
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box		_	-		-	_
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this l	_	_				_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, d	check this box	and see instru	ctions 🕨 🗌

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

lame of the organization	Employer identification number
OFM Research	57-1222227
OF W Research	37 122227

Schedule O, Statement 1

Form: 990-EZ

57-1222227

Form: 990-EZ Page: 1 Line Number:

Reasonable Cause Explanations

Explanation

Our CPA claimed to have completed and filed this form when it was originally due. We have just discovered that this filing did not take place. The present form is being filed at the request of the IRS to complete the records.

Page: 1

Schedule O, Statement 2
Form: 990-EZ

57-1222227

Form: 990-EZ Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Research expenses	6,821
Bank fees and payroll expenses	81
Total:	6,902

Schedule O, Statement 3

Form: 990-EZ

57-1222227

Form: 990-EZ Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

To conduct public interest scientific research and distribute research findings to the scientific community and the public.

Schedule O, Statement 4
Form: 990-EZ

57-1222227

Form: 990-EZ Page: 2

Line Number: Part III Line 28

First Program Service Accomplishments Description

Description

publication and the development of freely available software tools that may be downloaded and/or utilized at the corporate web site. Detailed information on research outcomes may be downloaded from the National Science Foundation award reporting website at www.nsf.gov/awardsearch by searching on the keyword GHIORSO and selecting the search result that corresponds to the appropriate award number listed above.